



STATE OF CONNECTICUT
DEPARTMENT OF AGRICULTURE
Bureau of Aquaculture and Laboratory



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APPLICATION FOR SHELLSTOCK SHIPPER I LICENSE
SHELLFISHING -PRIVATE LOT /LEASES

CONN. LIC. NO. _____ APPLICATION DATE: _____

APPLICANT: _____
(Print name to appear on license)

ADDRESS: _____
(Street) (City, State, Zip Code)

TELEPHONE: _____ SOCIAL SECURITY NO: _____
(business) (emergency)

Kind of Shellfish: oysters, soft shell clams, hard shell clams mussels, (circle)

Other: _____

SHELLFISH-SPECIES	CITY/TOWN	<u>LOT/LEASE NUMBER</u>	<u>MAP DESIGNATION</u>

Distributed to _____
(Connecticut Town) (Other States)

I agree to harvest market shellfish only from the above described "Approved or "Conditionally Approved-Open" (confirm status before harvesting) shellfishing areas, to attach tags to all lots of shellfish harvested or purchased for resale and to maintain daily records of shellfish harvested, locations, to whom sold and pertinent dates.

I understand where the "Prohibited" and "Restricted" shellfishing areas are located and will not harvest shellfish from those areas nor from "Conditionally Approved-Closed" areas without the proper license. I understand I may be subject to legal action if I do so.

I agree to conform to all regulatory and statutory requirements pertinent to this operation. I understand that any person making a written false statement on this application shall be subject to arrest as provided for in Section 53A-157 of the Connecticut General Statutes.

SIGNED BY _____ TITLE _____ DATE _____
DATE OF BIRTH: _____

IMPORTANT - If this is application for renewal, ONE of your tags must be attached.

Fees outstanding for State leases, license, renewals and staking ____ YES ____NO

